

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Feb 02, 2009
Secretary of State**

DOCUMENT# L05000080212

Entity Name: ORCHID ISLAND CONSTRUCTION LLC

Current Principal Place of Business:

680 HWY A1A UNIT 2
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

680 HWY A1A UNIT 2
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 38-3740567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAN, DOUGLAS A
680 HWY A1A UNIT 2
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMAN, DOUGLAS A
Address: 680 HWY A1A UNIT 2
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEMAN, DOUGLAS A
Address: 680 HWY A1A UNIT 2
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Change (X) Addition
Name: BURRIS, BRYAN
Address: 1475 PELICAN LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Change (X) Addition
Name: SANDERS, BRIAN
Address: 905 SANDPIPER LANE
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS A LEMAN

MGR

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date